

## REMARKS

The following remarks are submitted to be fully responsive to the final Official Action dated March 29, 2007. This response is thus timely submitted within the three-month shortened statutory period for response. Should any fees be required, the Commissioner is authorized to charge Kagan Binder Deposit Account No. 50-1775 and thereafter notify us of the same. Reconsideration of all outstanding grounds of the rejection and allowance of the subject application are believed in order and respectfully requested.

In the Official Action dated October 9, 2007, a new reference, the Duhaylongsod et al reference, is relied upon in rejecting all claims as presently pending. In particular, independent claims 1 and 32 are rejected under 35 U.S.C. 102(b) as being anticipated by the Duhaylongsod et al reference. It is submitted that the Duhaylongsod et al reference is deficient with respect to each of independent claims 1 and 32 and does not read of the recited claim limitations for at least the following reasons.

In rejecting claims 1 and 32, the Examiner relies primarily on the embodiment of Figs 15-21 of the Duhaylongsod et al reference as this embodiment includes a catheter 90 that is used as part of a technique for coupling a graft vessel to a blood vessel. The Examiner takes the position that the catheter 90 can be read on the claimed tubular member of claims 1 and 32 as such claimed tubular member is provided to accommodate the delivery of oxygenated liquid through it while fixedly joining a conduit to a vessel. In particular, the Examiner notes openings 98 of the catheter 90 of the Duhaylongsod et al reference that are for delivering blood when a first balloon 92 is inflated to occlude blood flow through the blood vessel 14.

According to the Duhaylongsod et al reference, the catheter is provided within a blood vessel (such as in a well known approach) and is utilized for expanding connectors of the fastener 50 as connected with the vessel 12. Thus, the fastener 50 is positioned within vessel 14 in place relative to an incision 18 through which the vessel 12 passes. In Fig. 18, a step within the procedure is illustrated where a distal end of catheter 90 passes through the incision 18 for loading the fastener 50 over it. After loading, the fastener 50 and distal end of catheter 90 are taken back through the incision 18 and into the blood vessel 14 with only the graft vessel 12 extending through the incision. After expansion of balloons 94 and 96 and positioning of the fastener 50, the catheter 90 would be withdrawn through the blood vessel 14.

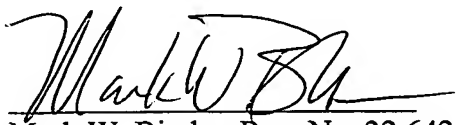
Claim 1, however, recites that after an incision is made in a wall of a blood vessel, a tubular member distal region is advanced into the blood vessel through the incision. Also, during a step of fixedly joining a conduit distal region to the vessel near the incision, oxygenated

liquid is provided to flow through the tubular member as such is disposed with a portion thereof within the blood vessel (so the oxygenated liquid flows into the blood vessel) and as also extending through the incision and within the conduit. The Duhaylongsod et al reference does not disclose these claimed method steps. The catheter 90 is not advanced into the blood vessel through the incision (for the graft vessel) at any time during the disclosed process. Moreover, blood or any other liquid is not provided as a flow through the catheter or any other tubular device as a tubular member is disposed within the blood vessel and provided through an incision. Accordingly, it is submitted that the Duhaylongsod et al reference does not and cannot anticipate claim 1 as presently pending. Allowance of independent claim 1 and dependent claims 2-20 (including withdrawn claim 15) is respectfully requested.

Regarding independent claim 32, it is submitted that similar distinguishing aspects are claimed over the Duhaylongsod et al reference. Also, claim 32 recites a method of joining a blood conduit and a blood vessel, where a distal region of the conduit is fixedly joined to the blood vessel proximal end. This procedure is further distinct from the technique of the Duhaylongsod et al reference, which does not disclose a graft connection to or near an end of any blood vessel. So, in addition to distinguishing on a similar basis as claim 1, claim 32 is further patentably distinct on the type of joining that is created according to the claim steps. Allowance of independent claim 32 and dependent claims 33-42 is also believed proper and respectfully requested.

It is submitted that claims 1-20 and 32-42 are currently in condition for allowance, a notice of which is earnestly solicited. If the Examiner finds any issue remaining after consideration of this response, the Examiner is invited to contact the undersigned, at the Examiner's convenience, in order to expedite any remaining prosecution.

Respectfully Submitted,

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